

MAY 14 2007

PTO/SB/51 (10-03)
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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed
in patent number 5,761,834, granted June 9, 1998 and for which a
reissue patent is sought on the invention entitled Footgear With Pressure Relief Zones

the specification of which

☐ is attached hereto.☒ was filed on June 9, 2000 as reissue application number 09/592,462
and was amended on several times; last 05/06/05
(If applicable)I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any
amendment referred to above
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or
equivalent) listing the foreign applications.I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described
below (Check all boxes that apply)☐ by reason of a defective specification or drawing☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errorsAt least one error upon which reissue is based is described below. If the reissue is a broadening
reissue, such must be stated with an explanation as to the nature of the broadening:At least one error occurred in claim 19 in U.S. patent 5,761,834 in that it was too
narrow in reciting a footgear having a "means for independently modifying support of the f
foot provided at each location." The new claims are added to correct the error by
reciting footgear without the aforementioned means for independently modifying
support.I hereby claim the benefit under 36 U.S.C. Sec. 120 of any United States application(s)
listed below:

Application Serial No.	Filing Date	Status
08/017,818	Feb. 16, 1993	Issued

(Page 1 of 2)

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO
to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete,
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Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS
ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/61 (10-05)
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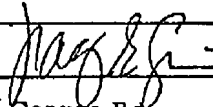
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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> The address associated with Customer Number:		23364	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	
Country			
Telephone		Email	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)	
Tracy E. Grim	
Inventor's signature	Date
	5-10-07
Residence	Citizenship
5600 Lakeview Canyon Rd.	USA
Mailing Address	
5600 Lakeview Canyon Rd., Thousand Oaks, CA 91362	
Full name of second joint inventor (given name, family name)	
Kevin O'Donnell	
Inventor's signature	Date
Residence	Citizenship
1111 Crestline Drive	USA
Mailing Address	
1111 Crestline Drive, Santa Barbara, CA 93105	

☒ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

(Page 2 of 2)

PTO/SB/02A (02-01)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>3</u> of <u>3</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Eric G.		Montag	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Van Nuys	CA	U.S.A.	U.S.A.
Mailing Address			
7438 Wish Avenue			
City	State	Zip	Country
Van Nuys	CA	91406	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-785-9199) and select option 2.

MAY 14 2007

PTO/SB/51 (10-05)

Approved for use through 04/06/2007 CMB DES1-0033

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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,761,834 granted June 9, 1998 and for which a reissue patent is sought on the invention entitled Footgear With Pressure Relief Zones

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☐ is attached hereto.☒ was filed on June 9, 2000 as reissue application number 09/592,462and was amended on several times; last 05/06/05
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(c) or (f), or 365(b). Attached is form PTO/SB/028 (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below (Check all boxes that apply)

☐ by reason of a defective specification or drawing☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

At least one error occurred in claim 19 in U.S. patent 5,761,834 in that it was too narrow in reciting a footgear having a "means for independently modifying support of the foot provided at each location." The new claims are added to correct the error by reciting footgear without the aforementioned means for independently modifying support.

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Application Serial No.	Filing Date	Status
08/017,818	Feb. 16, 1993	Issued

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☒ The address associated with Customer Number: 23364

CR

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

WARNING:

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Full name of sole or first inventor (given name, family name)

Tracy E. Grim

Inventor's signature Date

Residence 5600 Lakeview Canyon Rd. Citizenship USA

Mailing Address

5600 Lakeview Canyon Rd., Thousand Oaks, CA 91362

Full name of second joint inventor (given name, family name)

Kevin O'Donnell

Inventor's signature Date 4/17/07

Residence 1111 Crestline Drive Citizenship USA

Mailing Address

1111 Crestline Drive, Santa Barbara, CA 93105

☒ Additional joint inventors or legal representatives are named on separately numbered sheets (forms PTO/SB/02A or D2LA attached hereto).

(Page 2 of 2)

PTO/SB/02A (03-07)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>3</u> of <u>3</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Eric G.		Montag	
Inventor's Signature		Date	
Van Nuys	CA	U.S.A.	U.S.A.
Residence: City	State	Country	Citizenship
Mailing Address 7435 Wish Avenue			
Van Nuys	CA	91406	U.S.A.
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-796-9199) and select option 2.